	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	JOSE M. GUERRA Name	OFFICE USE ONLY					
(2)	11706 S-W 1575T	DECEIVED MY & 1:49					
` ,	Address (number and street)	N05/04/23					
	SWEETWATER FC 33174	' ' ' ' ' ' '					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: Group# 3					
(4)	Check appropriate box(es):						
	Candidate Office Sought: Commission	NER GROUPHS					
	Political Committee (PC) Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
	Party Executive Committee (PTY)	Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers 4					
Cove		4/1					
	_	05 04 1043 Report Type: 6-3-2023					
140	riginal Amendment Spe	cial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cas	h & Checks \$, ,	Monetary Expenditures \$, 718. 40					
Loa	ns \$,, <u>O</u>	Transfers to Office Account \$, , .					
Tota	al Monetary \$, ,						
In-K	ind \$,,,	, 170					
		(8) Other Distributions					
		\$, , ,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
1	\$, 2_00.00	\$, <u>/</u> , <u>797. 93</u>					
		tification son to falsify a public record (ss. 839.13, F.S.)					
1	certify that I have examined this report and it is true, con	rect, and complete:					
,	Type name) JOSE M. GUERRA	(Type name) JOSE M. GUERAA					
1 7	☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Chairperson (only for PC and PTY)					
,	Jon y Curp	X Jon M Carlo					
3	Signature	Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS (1) Name <u>Vose H</u> <u>Guerra</u> (2) I.D. Number <u>Group #5</u>

(3) Cover Period <u>04 121 Jal 3 through OV 1 04 13023</u> (4) Page <u>1</u> of My 3:49PI (8) (9) (10)(11)(12)(5) (7) Date Full Name (Last, Suffix, First, Middle) (6) Contributor Contribution In-kind Street Address & Sequence Amendment Description Number City, State, Zip Code Type Occupation Type Amount

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(2) I.D. Number GROWH 3 (1) Name JOSE M. GUERRA (3) Cover Period <u>04 12212023</u> through <u>05 104 12023</u> (4) Page MY 5 3:49PI (10)(11)(8) (9) (7) (5)Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)Expenditure Street Address & contribution to a Sequence **Type** Amount City, State, Zip Code candidate) **Amendment** Number PALACIOS \$ 300.00 LABOR You 10811 5.00 5TH ST SWEETWATER FL 33174 WALKER

DAYSI ROBIETTO
10955 SWEETWATER FL 33174 WHLKERVITAL GRAPHICS
2131 W GOTH ST TISHIRTS. \$ 300.00 T. SHIRTS. \$128.40 HIALEAH FL 33016

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



Name JOSE M. GUERRA I.D. Number BROUP # 5 Address (number and street) 11406 S.w 151 ST City, State, Zip Code Sweethwater FL 33174	OFFICE USE ONLY DECEIVED MY 4 3:4
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District <i>GRouf # 5</i> ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub	
REPORT IDEN	NTIFIERS
Report Name $G-3-2023$ Cover Period	04-21-2023 through 05-04-2023
Report Type	
CERTIFI	
It is a first degree misdemeanor for any personal contifut that I have examined this report and it is true	
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Tost M. Gut RA (Type name) Treasurer Deputy Treasurer	(Type name) Candidate
X Voca y Court Signature	X Jose H Cord

PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES

This report must be filed by applicable candidates running for Miami-Dade County Charter positions
Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

(1) Name	JOSE M. GUE	FRRA	(2) I.D. Number 🕞	ROUP#5
(1) Name <u>Jose M. Gue</u> (3) Report Name <u>G-3-2023</u>				70
(5) Report	Type Poriginal Amendment	(6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
		\		
*				
		<u> </u>		1

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) JOSE M. GUERRA	OFFICE USE ONLY
Name (2) 1/206 S.w 1 ^{5T} ST Address (number and street) SwtTwfTC FL 33/> City, State, Zip Code	DECEIVED APS 410
Check here if address has changed	(3) ID Number: GROUP # 5
Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
(5) Report	Identifiers
	03 / 3/ /23 Report Type: 1/.03. 2.23
☐ Original ☐ Amendment ☐ Spe	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,,	Monetary
Loans \$, # / , 100 · 00	Transfers to Office Account \$, , .
Total Monetary \$,,,	Total Monetary \$,,
111 King	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$, , <u>374</u> . <u>03</u>
It is a first degree misdemeanor for any pers	rtification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, cor	rrect, and complete:
(Type name)	(Type name) TOSE 11. GUERNI Candidate Chairperson (only for PC and PTY)
Xvor y Surey. Signature	Signature y Signature

DECEIVED 104/10/23

(1) Name OFF 19. GUERRIO (2) I.D. Number (3) Cover Period <u>03</u> /<u>0/</u> <u>Ja73</u> through <u>03 /3/ 12073</u> (4) Page (8) (9) (10) (11) (5) **Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)**Expenditure** Street Address & contribution to a Sequence Type City, State, Zip Code candidate) **Amount** Amendment Number CITY OF SWEETWATER QUALIFYING 500 SW SST FEE CHE \$ 75.00 SWEET WATER FL 33124 03/24/2023 VOO S.W JST STATE ASSESHENT FEE SWEETWATER EL

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS CEIVING 104/10/23

(1) Name JOSE 14. GUERRA	(2) I.D. Number	GROW #	5	Cer
(3) Cover Period <u>03</u> / <u>0/</u> <u>J03</u> 3 through <u>03</u> / <u>3/</u>	<i>3023</i> (4) Page	of	AP =	4:05

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 24 2023	JOSE M. GUERRA 11706 S.W. ST SWEETWATER FL 33174	P	DRIEN	LOAN			\$500.00
03130 12023	TOSE H. GUERNA 11206 S.W 1 ST ST SWEETWHTER FC 33174	P	DRIVER	Loqu	y:		\$ 600.00
1 1							
1 1							
<i>I I</i>							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

REMEMBER TO SUBMIT A SIGNED ELECTRONIC COPY TO ELECTIONS VIA EMAIL AT CAMPAIGNS@MIAMIDADE.GOV.

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



	OFFICE USE ONLY
Name JOSE M. GUERRA	
- JOSE 17. GUERNA	
I.D. Number	
GROUP #5	N 04/10/23
Address (number and street)	AP = 4 05P
11206 5.00 1 . 1	<u> </u>
City, State, Zip Code	
SWEETWATER FL 33174	
☐ CHECK IF ADDRESS HAS CHANGED	
E CHIECK II ADDREGO NAO CHARGED	
Candidate for:	
☐ Mayor	
Commissioner, District GROUP #5	
☐ Property Appraiser	_
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sul	o-Area
REPORT IDE	NTIFIERS
Report Name <u>4-03-2023</u> Cover Period	3/1/2422 11 2/2//2-23
Report Name 77-03-2623 Cover Period	through <u>\(\frac{\sqrt{31/262}}{262}\)</u>
Report Type Original Amendment	
•	
CERTIFI	CATION
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
JOSE H. GUERLA	JOSE M. GUERRA
(Type name) Treasurer Deputy Treasurer	(Type name)
	2
×	
How My Jung.	Krow Hy will
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING MIAMI-DAD IN VOTE BY MAIL BALLOT ACTIVITIES ///0/23 0 COUNTY

This report must be filed by applicable candidates running for Miami-Dade County Charter positions: AP = 4:05 Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

(1) Name VOSE M. GUERNA ______ (2) I.D. Number *Gloup to 5* (3) Report Name 14-03-2023 (4) Cover Period 03/01/2023 through 3/31/2023 (5) Report Type Original Amendment (6) Page **(7)** (8) (9) (10)(11)Row **Full Name Employed By** Name of Organization Employed By Amendment (Last, Suffix, First, Middle) Number (if not directly hired by campaign) Type

CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Jose M. Guerra Name (2) //406 S.co. /5757 Address (number and street) Suffrage FL 33/ City, State, Zip Code	OFFICE USE ONLY CH/25/23 OFFICE USE ONLY CH/2						
☐ Check here if address has changed	(3) ID Number: GROUP #5						
(4) Check appropriate box(es): ☐ Candidate Office Sought: ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed						
(5) Re	port Identifiers						
Cover Period: From 04 08 301 3	To 04 21 2023 Report Type: G-2-2023						
☑ Original ☐ Amendment ☐	Special Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, ,	Monetary Expenditures \$,						
Loans \$,, <i>O</i>	Transfers to Office Account \$, ,						
Total Monetary \$,,	Total Monetary \$, ,						
	(8) Other Distributions						
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date \$,/, 069. \(\sqrt{3} \)						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true	e, correct, and complete:						
(Type name) JoSE H. GUERRA ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)							
X Jose 4 Souly Signature	X Jose 4 Sure						

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS							
(1) Name	SE M. GO	ERK	A	(2)	I.D. Number	GROU	P#5
(3) Cover Period <u>04 08 4023</u> through <u>04 21 4023</u> (4) Page/ of _/							
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1				~			
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,				_			
1 1							
1 1							
1 1							
3							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
//					
//					
//					
//					
//					
/ /					
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES SUMMARY



Name	OFFICE USE ONLY
TOSE M. GUERRA	
I.D. Number GROUP # 5	C4/25/23 PP5 3:19
Address (number and street) 11406 S.W 9757	_
City, State, Zip Code	
SWEETWHIER FL 33/74	— I
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
_	
Mayor	V
日 Commissioner, District GRouf #5	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
REPORT IDE	NTIFIERS
Report Name $G-2-2073$ Cover Period	104-08-2013 through $04-21-2013$
Report Type Original Amendment	
CERTIF	ICATION
	son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
JOSE M. GUERRA	JOSE H. GUERRA
(Type name)	(Type name) Candidate
X Jon 14 Quel. Signature	X Jose 4 Circles Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN VOTE BY MAIL BALLOT ACTIVITIES 4/25/23



This report must be filed by applicable candidates running for Miami-Dade County Charter positions:

Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council

1) Name	JOSE M. GUER,	RA	(2) I.D. Number 🔗	ROUP#5
3) Report I	Name G-2-2023	(4) Cover Period 4	(2) I.D. Number <u>6</u>	21-2023
5) Report	Type Original Amendment	(6) Page	of/	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
		\		
)÷
51	n .			

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

DS-DE 9 (Rev. 10/10)

O MR ≈ 3:35F

Rule 1S-2.0001, F.A.C.

RECEIVED MAR 2 3 2023

officer before opening the campaign account. OFFICE USE ONLY 1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change: Treasurer/Deputy ☐ Depository Partv 2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip code)/1206 S. W 155 ST 105 E / Y. 4. Telephone SWEETWATER FL 33174 6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable: My intent is to run as a Write-In candidate. COMMISSIONER. GROUP #5 8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a Write-In No Party Affiliation Partv candidate. 9. I have appointed the following person to act as my Campaign Treasurer **Deputy Treasurer** 10. Name of Treasurer or Deputy Treasurer GUERRA JOSE M 11. Mailing Address 12. Telephone // 206 S.w / 97 S.T City 14. County Bar 126-7270 13. City 17, E-mail address 15. State 16. Zip Code SWEETWATER. JOSE H GUERRA 35 7 @ SMAIL. CO 18. I have designated the following bank as my Primary Depository Secondary Depository 19. Name of Bank 20. Address 9190 S.W 2457 23. State INTER 21. City 24. Zip Code 33161 MIAKI UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE. 25. Date 26. Signature of Candidate Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block) , do hereby accept the appointment (Please Print or Type Name) Campaign Treasurer designated above as: Deputy Treasurer. Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

Signature of Candidate

OFFICE USE ONLY

MR #1 3:35PI

RECEIVED MAR 2 3 2023

candidate for the office of <u>Countssioner</u>. Growths;

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

MR 23:26P

RECEIVED MAR 2 3 2023

Jose Guerra 11206 SW 1 street Sweetwater, Fl. 33174

March 20,2023

To City Clerk Carmen Garcia

Please be advised that I am resigning from my position as a member of Sweetwater Planning and Zoning effective immediately.

I am grateful for the opportunity to have serve on the board of Building and Zoning and to represent our wonderful City.

Thank You

Sincerely yours

Jose M. Guerra

Ton Hall

CANDIDATE OATH NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate) Check box *only* if you are seeking to qualify as a write-in candidate:



#R # 3:54PI

Write-in candidate	OFFICE USE ONLY		
Candidate Oath			
(Section 99.021(1)(a), Florida Statutes) I, Jose M. Guerra, ,			
hyphen, check box [] (see page 2 - Compound Last No Although a write-in candidate's name is not printed on the b	E SINEETER		
am a candidate for the nonpartisan office of	(Office) (District #)		
(Circuit #) , # V ; I am a qualified elector of			
I am qualified under the Constitution and the Laws of Florida	to hold the office to which I desire to be nominated or elected; I		
have qualified for no other public office in the state, the term of	of which office or any part thereof runs concurrent with the office		
I seek; and I have resigned from any office from which I am	required to resign pursuant to Section 99.012, Florida Statutes;		
and I will support the Constitution of the United States and the	Constitution of the State of Florida.		
Candidate's Florida Voter Registration Number (located on y	your voter information card): 109797260		
Phonetic spelling for audio ballot : Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]			
Signature of Candidate Telephone Number	6-7170 JOSE H GUERRA 35) Q GHIA		
11206 Sow 15757 Sweetwater Address City	State ZIP Code		
	/A. DX		
STATE OF FLORIDA	Signature of Notary Public		
COUNTY OF Miami - Dade	Print, Type, or Stamp Commissioned Name of Notary Public below:		
Sworn to (or affirmed) and subscribed before me by means of	CARMEN I CARGO		
online notarization OR physical presence	CARMEN J. GARCIA Notary Public - State of Florida Commission # GG 321925		
this 24 ⁺¹ day of March, 20 <u>23</u> .	My Comm. Expires May 9, 2023 Bonded through National Notary Assn.		
Personally Known OR Produced Identification	bonded dirough National Notally ASSIT.		
Type of Identification Produced: FDC			

LOYALTY OATH FOR CANDIDATES FOR PUBLIC Sec. 876.05-876.10, 99.021, Florida



STATE OF FLORIDA COUNTY OF MIAMI-DADE

OFFICE Statutes	C 3/24/23		
	AllA	WR # 3:54P	
e of Florida	and of the United	States of	

America and a candidate for pub. Constitution of the United States and	lic office do her	eby solemnly swear	
	CANDIDA	TE OATH	
I, CPLEASE PRINT NAME AS YOU WISH IT TO APPEAR am a candidate for the office of Co County, Florida; that I am qualified us Sweetwater to hold the office to which ss.876.05-876.10, Florida Statutes; the office or any part thereof runs concur from which I am required to resign p	mmissioner, Grounder the Constitution I desire to be non nat I have qualified rent with that of the	that I am a fon and the laws of Floinated or elected; the for no other public of e office I seek; and the	qualified elector of Miami-Dade orida and the Charter of the City of at I have taken the oath required by fice in the state, the term of which
	~	on 45	wif_
11206 S.w/ ⁵¹ 57 Mailing Address	(305) Da	26-2170 y Phone	Fax Number
SWEETWATER	FL	33174	3/24/2043
City	State	Zip Code	Date Signed
Candidate's Voter Registration Nu	mber (located on t	the Voter Registratio	n card) / 09 79 72 60
*Please print name phonetically on persons with disabilities (See instru		-	nounced on the audio ballot for
STATE OF FLORIDA COUNTY OF MIAMI-DADE			
Sworn to (or affirmed) and subscribed	d before me this <u></u>	14 day of Mar	, 2023.
Personally knownor	=	Signature of Not	Public
Produced Identification	\ .		CARMEN J. GARCIA
Type of Identification Produced:	FDC		Notary Public - State of Florida Commission # GG 321925 My Comm. Expires May 9, 2023 Bonded through National Notary Assn





AFFIDAVIT OF CANDIDATE CITY OF SWEETWATER, FLORIDA STATE OF FLORIDA COUNTY OF MIAMI-DADE CITY OF SWEETWATER

Jose M. GUERRA (herein after "Affiant"), being first duly sworn deposes and says:
1.My name is TOSE M. GUERRA.
2.I am offering myself as a candidate for the office of <u>COMMISSIONER</u> of the City of Sweetwater,
Florida in group # or the office of mayor.
3.I am a duly registered voter and elector and a qualified resident of the City of Sweetwater.
4.I have continuously resided in the City of Sweetwater for since [CLERK TO INSERT APPLICABLE DATE] (hereinafter the "Residency Date").
5.I currently reside at // 406 Sw/555 SwEETWATEN, which is my legal address and have resided continually at said address from 8/8/2008 To PRESENTION the date hereof.
6.Prior to my current residence, I have resided at the following addresses: 10945 S-W 657 Swith WATER FL 33/174
7. Since the Residency Date my spouse has resided at the following addresses: MIRMIN STACH
8.I am a Citizen of the United States of America.
9.I do not currently hold any elected or appointed office that would require my resignation under § 99.012, Florida Statutes or I have resigned my position as provided in said statute. Affiant:
JOSE M. GUERRA



MR # 3:54PI

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, by ☐ OSe M. GUERRA who is

Is personally known or

Presented to me a valid identification:

WITNESS my hand and official seal in the County and State last aforesaid this 24th day of March 2023

NOTARY PUBLIC, State of Florida

My commission expires: May 9, 2023

CARMEN J. GARCIA
Notary Public - State of Florida
Commission # GG 321925
My Comm. Expires May 9, 2023
Bonded through National Notary Assn.

FORM 1	STATEM	IENT OF	2022
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	INTERESTS	FOR OFFICE USE ONLY:
LAST NAME FIRST NAME MIDDLE GUERRA TO MAILING ADDRESS:	SE M		WR # 3:
SWEETWATER FL 33174 MIAMI DADE CITY: COUNTY:			15(3/24/23)
NAME OF AGENCY: OF SWEE NAME OF OFFICE OR POSITION HELD CHECK ONLY IF CANDIDATE		R APPOINTEE	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOU	** THIS SECTION MUST		
FEWER CALCULATIONS, OR USIN (see instructions for further details).	NG REPORTING THRESHOL G COMPARATIVE THRESHO CHECK THE ONE YOU ARE RCENTAGE) THRESHOLDS OME [Major sources of income to	DS THAT ARE ABSOLUTE PLDS, WHICH ARE USUALI USING (must check one): OR DOLL	AR VALUE THRESHOLDS
NAME OF SOURCE OF INCOME	j so	URCE'S	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
CONVIVA	10401 S.W	40ST FL 33165	DRIVER.
PART B SECONDARY SOURCES OF [Major customers, clients, and (If you have nothing to repo	d other sources of income to busine	esses owned by the reporting pe ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
MA	NA	NA	MA
PART C REAL PROPERTY [Land, but (If you have nothing to report the second of the se	Idings owned by the reporting persent, write "none" or "n/a") Swatiana Record		You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions] (If you have nothing to report, write "none" or "n/a") TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES MR # 3: PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF CREDITOR ADDRESS OF CREDITOR TX 75261-0783 BOX 650783 PART F -- INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions] (If you have nothing to report, write "none" or "n/a") **BUSINESS ENTITY #2 BUSINESS ENTITY #1** NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S. I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING. IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE OF FILER:

Signature:

Date Signed:

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filling method. Form 6s will not be accepted via email.

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, ______, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature:

Date Signed:

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *Initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

DECLARATION AND FIRST AMENDMENT WAIVER

FOR CANDIDATES WHO AGREE TO COMPLY WITH THE *VOLUNTARY* STATEMENT OF FAIR CAMPAIGN PRACTICES



VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES

As a candidate for public office in Miami-Dade County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore,

- I shall not make my race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
- 2. I shall not make my opponent's race, religion, national origin, gender, physical disability, or sexual orientation an issue in my campaign.
- 3. I will condemn any appeal to prejudice based on race, creed, national origin, religion, gender, physical disability, or sexual orientation.
- 4. I shall not, without just cause, attack or question my opponent's patriotism.
- 5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement.
- 6. I shall not tolerate my supporters engaging in these activities that I condemn, nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group that resorts to the methods and tactics I condemn.
- 7. I shall run a positive campaign emphasizing my qualifications for office and positions on issues of public concern.
- 8. I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
- 9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting that person's credibility.
- 10. I will take personal responsibility for approving or disavowing the substance of attacks on my opponent that may come from third parties supporting my candidacy.
- 11. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

BY SIGNING THIS DECLARATION AND FIRST AMENDMENT WAIVER, I AGREE TO

- · ABIDE BY THE VOLUNTARY STATEMENT OF FAIR CAMPAIGN PRACTICES,
- · SUBMIT TO THE COMPULSORY JURISDICTION OF THE ETHICS COMMISSION, AND
- WAIVE MY FIRST AMENDMENT RIGHTS.

I,	JOSE M	GUERRA	, a candidate for the office of
		please print your name	SWEETWATEN.
	COMMISSIO	NER GOUP #V	in MIAMI-DADE
	elective off	ice sought	county, municipality, or other jurisdiction

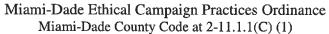
agree to abide by the voluntary Statement of Fair Campaign Practices as provided in Section 2-11.1.1(D)(1) of the Code of Miami-Dade County, Florida, and to recognize as compulsory the jurisdiction of the Ethics Commission. I further agree that the Ethics Commission will have the authority to decide whether I have violated the voluntary Statement of Fair Campaign Practices and, if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any, which may include an admonition or public reprimand. I recognize that I have the right before signing this DECLARATION AND FIRST AMENDMENT WAIVER to consult my own legal counsel and to request and receive from the Ethics Commission an advisory opinion as to whether my planned campaign activities are likely to violate the voluntary Statement of Fair Campaign Practices. I also recognize that after signing this agreement, I will continue to have the right to request and receive from the Ethics Commission an advisory opinion regarding any future campaign activities that I may be considering. I hereby proclaim (1) that my agreement to abide by the Statement of Fair Campaign Practices is voluntary, knowing, and intelligent; (2) that I have not been forced, pressured, or otherwise coerced into making this agreement; and (3) that I am aware of the voluntary nature of this agreement. I recognize that there is no penalty for refusing to agree to abide by the voluntary Statement of Fair Campaign Practices. I also recognize that in signing this agreement, I will be forfeiting rights to which I would otherwise be entitled under the First Amendment to the U.S. Constitution and Article I, Section 4, of the Constitution of the State of Florida. Once the DECLARATION AND FIRST AMENDMENT WAIVER is signed, it is deemed irrevocable for the duration of the campaign.

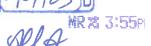
Signature

3/24/2023 Date

DECLARATION FOR CANDIDATES NOT AUTOMATICALLY COVER

by the Mandatory Provisions of the





The Mandatory Fair Campaign Practices Ordinance at Sec. 2-11.1.1(C) of the Miami-Dade County Code extends to—

- Candidates, and their respective campaign staffs, for Miami-Dade Co. Commissioners or Mayor;
- Candidates, and their respective campaign staffs, for Miami-Dade Co. Community Councils;
- Candidates, and their respective campaign staffs, for any municipal elective office within Miami-Dade County;
- · Candidates, and their respective campaign staffs, for the Co. Property Appraiser.

Other candidates for elective office with a constituency in whole or in part in Miami-Dade Co. who are *not* required to comply with the Mandatory Fair Campaign Practices Ordinance *may* at any time declare that they agree to abide by the Mandatory Fair Campaign Practices Ordinance.

The Mandatory Fair Campaign Practices Ordinance states that a candidate shall not—

- (a) With actual malice make or cause to be made any untrue oral statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (b) With actual malice publish, or cause to be published, by writing, printing, picture, effigy, sign, or otherwise than by mere speech any untrue statement about another candidate or a member of his or her family or staff that exposes the person to hatred, contempt, or ridicule or causes the person to be shunned or avoided or injured in his or her business or occupation;
- (c) Willfully injure, deface, or damage or cause to be injured, defaced, or damaged, by any means, any campaign poster, sign, leaflet, handbill, literature, or other campaign material of another candidate;
- (d) Knowingly obtain, or cause to be obtained, the campaign property of another candidate with the intent to temporarily or permanently deprive the candidate of a right to the property or its benefit; or
- (e) Knowingly file with the Ethics Commission a groundless or frivolous complaint against another candidate.

If you are not automatically covered by the Mandatory Fair Campaign Practices Ordinance, but you have a constituency in whole or in part in Miami-Dade County and you would like to abide by the Mandatory Fair Campaign Practices Ordinance, please sign and date below. Once signed, the Declaration is deemed irrevocable for the duration of the campaign.

I, JOSE M. GUERRA	, a candidate for the office of
please print your name	SWEETWATER
COMMISSIONER GROUP AT	in MANNI DADE
elective office sought	county, municipality, or other jurisdiction

understand that I am not automatically bound by the Mandatory Fair Campaign Practices Ordinance of Miami-Dade Co. Nevertheless, I choose to abide by the Mandatory Fair Campaign Practices Ordinance and recognize the compulsory jurisdiction of the Ethics Commission and its authority to decide whether I have violated the ordinance at Sec. 2-11.1.1(C) of the County Code. I further understand that if a violation is found, the Ethics Commission has the authority to impose the appropriate penalty, if any.

Signature

Date



Voter Information Card Miami-Dade County, FL Tarjeta de información del elector Condado de Miami-Dade, FL

Kat Enfomasyon Votè Konte Miami-Dade, FL

Sweetwater FL 33174 Jose Manuel Guerra 11206 SW 1St St

EMITIDA ENPRIME 06/14/12

Registration No. Núm. de inscripción Ním. Enskripsyon

109797260

ISSUED

Bring photo identification when voting.

Para votar, presente una identificación con folografía.

Iranpri pote yon pyès idantifikasyon ki gen foto w sou li lè w'ap vin vote.

Voting Location | Ubicación de la votación | Lokal Biwo Vôt Jorge Mas Canosa Youth Center 250 SW 114 Ave

Date of Birth Fecha de Nacimiento Dat Nesans 3/4/1957 Precinct No. Mirra, del recinto Nim. Biwo Vòt

410

Registration Date Fecha de inscripción Dat Enskripsyon 1/13/1999

Party Affiliation | Affliación partidista | Pati Politik REPUBLICAN PARTY OF FLORIDA Penelope Townsley Supervisor of Elections | Supervisora de Elecciones | Sipèvizè Eleksyon

You are eligible to vote for the representatives from the districts listed below. Ut puece votar por los representantes de los distritos enumerados abajo. W elijib pou w vote pou reprezantan ki nan distri ki ekri anba la yo.

State House Cámara Estatal Lachanm Eta a State Senate Senado Estatal Sena Eta a 37

Congress Congreso Kongrè 25

Community Council Consejo Comunitario Konsèy Kominotè School Board junta Escolar Asanble Edikasyon 5

County Commission Comission del Condado Komisson Konte

Municipal | Municipal | Minisipalite SWEETWATER

CONCEALED WEAPON OR FIREARM LICENSE and by the Departme Christon of Licensin Florida Statutes. 10/14/24 EXPIRES COMMISSIONER



MR # 3:55P

PAYMENT DATE 03/24/2023

COLLECTION STATION

License Department

RECEIVED FROM JOSE M GUERRA CAMPAIGN ACCOUNT

DESCRIPTION

MISCELLANEOUS REFUNDABLE BOND/ STA

City of Sweetwater 500 S.W. 109th Avenue Sweetwater, FL 33174



FEE % CHECK 99

BATCH NO. 2023-00001414 RECEIPT NO. 2023-00009224 CASHIER

Anna Martinez

RECEIPT DESCRIPTION	TRANSACTION AMOUNT
Miscellaneous Refundable Bond MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % CHECK 99	\$299.03
Total Cash \$0.00 Total Check \$299.03 Total Charge \$0.00 Total Other \$0.00 Total Remitted \$299.03 Change \$0.00 Total Received \$299.03	
Total Amount:	\$299.03
	Miscellaneous Refundable Bond MISCELLANEOUS REFUNDABLE BOND/ STATE ASSESSMENT FEE % CHECK 99 Total Cash \$0.00 Total Check \$299.03 Total Charge \$0.00 Total Other \$1.00 Total Remitted \$299.03 Change \$0.00 Total Received \$299.03

PAYMENT DATE 03/24/2023

COLLECTION STATION

License Department

RECEIVED FROM
JOSE M GUERRA
CAMPAIGN ACCOUNT

DESCRIPTION

MISCELLANEOUS INCOME/ CITY QUALIFYING

City of Sweetwater 500 S.W. 109th Avenue Sweetwater, FL 33174



BATCH NO. 2023-00001414 RECEIPT NO. 2023-00009225 CASHIER Anna Martinez

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
Misc Income	Miscellaneous Income MISCELLANEOUS INCOME/ CITY QUALIFYING FEE/ CHECK 98	\$75.00
Misc Income	Miscellaneous Income	\$75.00
	Total Amount:	\$75.00

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